

GREENTREE HEALTH/REHABILITATION CENTER  
70 GREENTREE ROAD

CLINTONVILLE 54929 Phone: (715) 823-2194

Operated from 1/1 To 12/31 Days of Operation: 365

Operate in Conjunction with Hospital? No

Number of Beds Set Up and Staffed (12/31/03): 61

Total Licensed Bed Capacity (12/31/03): 65

Number of Residents on 12/31/03: 45

Ownership:

Highest Level License:

Operate in Conjunction with CBRF?

Title 18 (Medicare) Certified? Yes

Title 19 (Medicaid) Certified? Yes

Average Daily Census: 51

Corporation

Skilled

Services Provided to Non-Residents		Age, Gender, and Primary Diagnosis of Residents (12/31/03)				Length of Stay (12/31/03)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		20.0
Supp. Home Care-Personal Care	No					1 - 4 Years		42.2
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	6.7	More Than 4 Years		20.0
Day Services	No	Mental Illness (Org./Psy)	42.2	65 - 74	11.1			----
Respite Care	No	Mental Illness (Other)	2.2	75 - 84	17.8			82.2
Adult Day Care	No	Alcohol & Other Drug Abuse	2.2	85 - 94	55.6	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	2.2	95 & Over	8.9	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	8.9		100.0	(12/31/03)		
Other Meals	No	Cardiovascular	8.9	65 & Over	93.3	-----		
Transportation	No	Cerebrovascular	2.2		-----	RNs		11.1
Referral Service	No	Diabetes	11.1	Gender	%	LPNs		11.6
Other Services	Yes	Respiratory	2.2		-----	Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	17.8	Male	26.7	Aides, & Orderlies		
Mentally Ill	No		----	Female	73.3			
Provide Day Programming for			100.0		----			
Developmentally Disabled	No				100.0			

#### Method of Reimbursement

		Medicare (Title 18)		Medicaid (Title 19)		Other		Private Pay		Family Care		Managed Care						Total Resi- dents	% Of All
Level of Care	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%		
Int. Skilled Care	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Skilled Care	8	100.0	232	27	96.4	115	0	0.0	0	9	100.0	165	0	0.0	0	0	0.0	44	97.8
Intermediate	---	---	---	1	3.6	96	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	1	2.2
Limited Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Personal Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Residential Care	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Dev. Disabled	---	---	---	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Traumatic Brain Inj	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Ventilator-Dependent	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0.0
Total	8	100.0		28	100.0		0	0.0		9	100.0		0	0.0		0	0.0	45	100.0

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Admissions, Discharges, and Deaths During Reporting Period		Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/03				
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Percent Admissions from:		Activities of	%	% Needing Assistance of	% Totally	Total Number of
Private Home/No Home Health	16.3	Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Residents
Private Home/With Home Health	0.0	Bathing	11.1	64.4	24.4	45
Other Nursing Homes	3.5	Dressing	11.1	64.4	24.4	45
Acute Care Hospitals	79.1	Transferring	17.8	71.1	11.1	45
Psych. Hosp.-MR/DD Facilities	0.0	Toilet Use	17.8	71.1	11.1	45
Rehabilitation Hospitals	0.0	Eating	73.3	26.7	0.0	45
Other Locations	1.2	*****				
Total Number of Admissions	86	Continence		%	Special Treatments	%
Percent Discharges To:		Indwelling Or External Catheter	11.1		Receiving Respiratory Care	13.3
Private Home/No Home Health	59.1	Occ/Freq. Incontinent of Bladder	57.8		Receiving Tracheostomy Care	0.0
Private Home/With Home Health	0.0	Occ/Freq. Incontinent of Bowel	46.7		Receiving Suctioning	0.0
Other Nursing Homes	3.2				Receiving Ostomy Care	2.2
Acute Care Hospitals	7.5	Mobility			Receiving Tube Feeding	0.0
Psych. Hosp.-MR/DD Facilities	0.0	Physically Restrained	2.2		Receiving Mechanically Altered Diets	26.7
Rehabilitation Hospitals	0.0					
Other Locations	6.5	Skin Care			Other Resident Characteristics	
Deaths	23.7	With Pressure Sores	6.7		Have Advance Directives	100.0
Total Number of Discharges		With Rashes	4.4		Medications	
(Including Deaths)	93				Receiving Psychoactive Drugs	13.3

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Selected Statistics: This Facility Compared to All Similar Urban Area Facilities & Compared to All Facilities

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	This Facility %	Ownership: Proprietary Peer Group %	Ratio	Bed Size: 50-99 Peer Group %	Ratio	Licensure: Skilled Peer Group %	Ratio	All Facilities %	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	77.9	84.6	0.92	88.0	0.88	88.1	0.88	87.4	0.89
Current Residents from In-County	88.9	75.5	1.18	72.9	1.22	69.7	1.28	76.7	1.16
Admissions from In-County, Still Residing	15.1	18.9	0.80	20.1	0.75	21.4	0.71	19.6	0.77
Admissions/Average Daily Census	168.6	152.9	1.10	129.5	1.30	109.6	1.54	141.3	1.19
Discharges/Average Daily Census	182.4	154.8	1.18	130.3	1.40	111.3	1.64	142.5	1.28
Discharges To Private Residence/Average Daily Census	107.8	63.8	1.69	52.2	2.07	42.9	2.51	61.6	1.75
Residents Receiving Skilled Care	97.8	94.6	1.03	93.7	1.04	92.4	1.06	88.1	1.11
Residents Aged 65 and Older	93.3	93.7	1.00	94.2	0.99	93.1	1.00	87.8	1.06
Title 19 (Medicaid) Funded Residents	62.2	66.0	0.94	66.3	0.94	68.8	0.90	65.9	0.94
Private Pay Funded Residents	20.0	19.0	1.05	21.6	0.93	20.5	0.97	21.0	0.95
Developmentally Disabled Residents	0.0	0.5	0.00	0.5	0.00	0.5	0.00	6.5	0.00
Mentally Ill Residents	44.4	31.3	1.42	36.2	1.23	38.2	1.16	33.6	1.32
General Medical Service Residents	17.8	23.7	0.75	21.5	0.83	21.9	0.81	20.6	0.87
Impaired ADL (Mean)	44.4	48.4	0.92	48.4	0.92	48.0	0.93	49.4	0.90
Psychological Problems	13.3	50.1	0.27	53.4	0.25	54.9	0.24	57.4	0.23
Nursing Care Required (Mean)	6.7	6.6	1.02	6.9	0.96	7.3	0.92	7.3	0.91